

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 15, 2002 8:00 am**  
**Secretary of State**

05-15-2002 90068 008 \*\*\*150.00

DOCUMENT # **P94000010976**

1. Entity Name

**HERITAGE MARINE, INC.** ✓

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

**605 CEMETERY ROAD**

3. Mailing Address

**605 CEMETERY RD**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**GENEVA**

City & State

**GENEVA FLORIDA**

City & State

**GENEVA FLORIDA**

4. FEI Number

**59-3225112**

Applied For

Not Applicable

Zip **32732**

Country **USA**

Zip **32732**

Country **USA**

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

**DO NOT WRITE  
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name **PETER A. KNOCKE**

Street Address (P.O. Box Number is Not Acceptable)

~~**605 CEMETERY ROAD**~~

City **GENEVA**

**FL**

Zip Code **32732**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE *Peter A. Knocke*

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

**April 28 2002**

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See Criteria on back)

**January 1 - May 1 Fee is \$150.00**

**After May 1, Fee is \$550.00**

**Amended UBR is \$61.25**

**Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution.

**\$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	<b>PD</b>	TITLE	
NAME	<b>KNOCKE JARK K</b>	NAME	
STREET ADDRESS	<b>1903 TROPIC STREET</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>TITUSVILLE, FLORIDA</b>	CITY-ST-ZIP	
TITLE	<b>UP</b>	TITLE	
NAME	<b>KNOCKE, PETER A</b>	NAME	
STREET ADDRESS	<b>605 CEMETERY RD</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>GENEVA, FL 32732</b>	CITY-ST-ZIP	
TITLE	<b>UP</b>	TITLE	
NAME	<b>KNOCKE, Philip C.</b>	NAME	
STREET ADDRESS	<b>2241 MAURICE AVE</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>LA CRESCENTA, CA</b>	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or on an attachment with an address, with all other like empowered.

SIGNATURE: *Peter A. Knocke*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**April 28 2002 321-794-1766**

Date

Daytime Phone #

CR2E034B (12/01)